



State of Maryland

Advisory Council on Mental Hygiene/Planning Council

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary, DHMH

MARYLAND ADVISORY COUNCIL ON MENTAL HYGIENE/ PL 102-321 PLANNING COUNCIL

Minutes

July 16, 2013

Maryland Advisory Council Members: Gerald Beemer, M. Sue Diehl, Vice Chair; Mike Finkle, Dennis McDowell, Livia Pazourek, Charles Reifsnider, John Turner

Maryland Advisory Council Members Absent: Richard Blair, Jaimi L. Brown, Sarah Burns, Chair; Michele Forzley, Joshana Goga, Joanne Meekins, Edwin C. Oliver, Robert M. Pender, John Scharf, Anita Solomon, Sherrie Wilcox

Individuals highlighted as such are resigned members who have not yet been replaced.

PL 102-321 Council Members Present: Robert Anderson, Naomi Booker, Chicquita Crawford, Herb Cromwell, Jan Desper, R. Terence Farrell, Rebecca Frechard for Adrienne Hollimon, Victor Henderson, Cathy Marshall, Madeline Morey for Nancy Feeley, Sharon Lipford, Cynthia Petion, Linda Raines, Sarah Rhine, Phoenix Woody

PL 102-321 Council Members Absent: Lynn Albizo, T.E. Arthur, Coordinator; Eugenia W. Conolly, Kate Farinholt, Vira Froehlinger, A. Scott Gibson, Gerri Gray, Julie Jerscheid, Michael Lang, George Lipman, William Manahan, Dan Martin, Jacqueline Powell, Sheryl Sparer, Michelle Stewart, Jane Walker, Kathleen Ward

MHA Staff Present: Lisa Hadley, Carrie Freshour, Robin Poponne, Carole Frank, Iris Reeves, Greta Carter

Guests and Others:

Zereana Jess-Huff, ValueOptions@Maryland; Jackie Pettis, ValueOptions@Maryland; Tim Santoni, University of Maryland-Systems Evaluation Center; Morgan Cole, Medicaid, DHMH; Corden Kane, Medicaid, DHMH

INTRODUCTIONS/ADOPTION OF MINUTES:

The meeting was called to order by Council Vice Chair, Sue Diehl. Attendees introduced themselves. The draft minutes of the June 18th meeting were reviewed. Robin Poponne noted a correction to the minutes in the June Consumer Quality Team presentation that clarified their role in the group of consumers, advocates, and providers involved in the Spring Grove Discharge Project. Also Livia Pazourek, was inadvertently marked absent. The minutes were approved as corrected and will be posted on the Mental Hygiene Administration's (MHA) Web site www.dhmf.maryland.gov/mha. The Maryland Advisory Council on Mental Hygiene's link is listed under "Resources".

ANNOUNCEMENTS:

- Robin Poponne announced that there would be no Council meeting in August. We will reconvene on September 17th.
- Cynthia Petion announced the next steps of the National Learning Community (NLC) technical assistance to the Behavioral Health Council Workgroup for the two Councils. The Behavioral Health Council Workgroup will be developing a mission statement and will propose amendments to the legislation for both Councils (mental health and substance use). The NLC is developing a Manual of best practices among state Mental Health Planning Councils transitioning to Behavioral Health Advisory Councils. In September there will be a final report of the NLC activities. The Behavioral Health Council Workgroup will also continue to work on a plan for the role of Behavioral Health Council membership recommendations, as well as committee structures. State Drug and Alcohol Abuse Council representatives will be invited to attend a fall meeting of the Council.

THE DIRECTOR'S REPORT:

MHA's Executive Director, Brian Hepburn, M.D., was on leave, Lisa Hadley, M.D., J.D., Clinical Director, Mental Hygiene (MHA)/ Alcohol and Drug Abuse (ADAA) Administrations, provided the following Director's Report:

Dr. Hadley stated that the 2013 Behavioral Health Stakeholder Process is underway. A series of Stakeholder meetings are being held to get public comment on Medicaid and Non-Medicaid elements of the Request for Proposals (RFP) for an Administrative Services Organization (ASO). The next meeting will be: **July 18, 2:00-4:00 pm, Department of Transportation, Harry Hughes Conference Room, 7201 Corporate Center Drive, Hanover, MD 21076**. Comments on the RFP are due to DHMH Behavioral Health Integration by July 25, 2013. You may submit to DHMH.BHIntegration@maryland.gov. There will be four more stakeholder meetings before the end of the year. MHA will continue to share information with the Council.

Cynthia will email the RFP elements for Stakeholder input to the Council for review. Additionally, info on the Behavioral Health Integration process can be found on the following DHMH Website: <http://dhmf.maryland.gov/bhd>

PRESENTATION: MEDICAID 101/MARYLAND'S HEALTH HOME

IMPLEMENTATION – Rebecca Frechard, Chief, Behavioral Health Division, Medicaid, Office of Health Services and Morgan Cole, Behavioral Health Division, Medicaid, Office of Health Services

Ms. Rebecca Frechard and Ms. Morgan Cole gave an overview of the Medicaid system and Maryland's Health Home Implementation:

Medicaid 101: Rebecca Frechard

Ms. Frechard provided a brief history of the Medicaid Program which was enacted in 1965 under Title XIX of the Social Security Act, to provide medical care to the indigent and medical needy. Nationally, Medicaid is a \$406 billion program that finances health for 68 million people. The program is jointly financed with federal and state funds and serves as the foundation of the nation's health care safety net.

Medicaid processes claims, establishes eligibility/benefit standards, and provides:

- Health insurance for low income families, the elderly and people with disabilities
- Long term care for older Americans and individuals with disabilities
- Supplemental coverage for low income Medicare beneficiaries

Medicaid services:

- 41 million children
- 11 million persons with disabilities
- 17 million non-disabled adults
- 6 million senior citizens
- Services must be adequate in amount, duration, and scope
- Services must be offered throughout the state

Ms. Frechard also highlighted collaborative initiatives with MHA and ADAA toward Behavioral Health Integration. These include: Developing a 1915(i) waiver, the Peer Support Policy Academy, and the RFP process to secure an ASO.

Please see **Attachment #1** for detailed overview.

Maryland's Health Home Implementation: Morgan Cole

Ms. Cole also provided a thorough background on the Health Home program and the steps in Maryland's Implementation. Persons with mental illness and substance use disorders have an increased risk of physical health problems. Life expectancy of 56 years among this population vs. national average of 78 years. Health homes (meaning specialized network for care not a "residential" home) grew out of broader trends/initiatives from an evolving concept of medical homes since 1967.

Health homes Objectives:

- Further integrate behavioral and somatic care through improved coordination of care; medical care is not just an add-on service
- Improve patient outcomes, experience of care
- Enable Health Homes to act as locus of coordination for individuals with serious and persistent mental illness and for opioid treatment programs

Participant Eligibility Criteria:

- Individual that has been diagnosed with:
 - A serious and persistent mental illness or serious emotional disturbance in combination with meeting, the medical necessity criteria for Psychiatric Rehabilitation Program or Mobile Treatment services
 - An opioid substance use disorder that is being treated with methadone and at risk for alcohol, tobacco, substance use or historical dependence

Health Home Services:

- Comprehensive Care Management
- Care Coordination
- Health Promotion
- Comprehensive Transitional Care
- Individual and Family Support
- Referral to Community and Social Support

Provider Qualifications:

- To become a Health Home, a provider must be licensed as a:
 - Psychiatric Rehabilitation Program
 - Mobile Treatment Program
 - Opioid Treatment Program
- Additionally, all providers must:
 - Be an enrolled Maryland Medicaid Provider and;
 - Be accredited by, or pursuing accreditation from, an approved accrediting body, (Commission on Accreditation of Rehabilitation Facilities and Joint Commission)

Next Steps:

- Provider training, and stakeholder education
- Development of a provider manual
- Finalize regulations and state plan
- Provider applications accepted August 1st
- Participant pre-enrollment begins September 3rd
- Program go-live October 1st
- Ongoing support, outreach, and analysis

Council Comments:

After the presentation, general comments from Council members included a suggestion to continue these discussions around local providers implementing innovative approaches toward behavioral health integration and primary care. Staff support will explore presenters for future meetings.

The meeting was adjourned.

The Council's Executive meeting will meet after the general meeting today.

Please note, the Agenda for the October 15th Council meeting will be posted on the Advisory's Council's web page, under the resources section, on MHA's Web site www.dhmf.maryland.gov/mha.